

DEPARTMENT OF TRANSPORTATION - BUREAU OF AERONAUTICS

PO Box 483, Concord New Hampshire 03302-0483

☐ Check for Site Certificate**NEW AIRPORT REGISTRATION & SITE CERTIFICATION APPLICATION**

IDENT: _____

1. NAME OF AIRPORT: _____ 2. TOWN OR MUNICIPALITY: _____

3. COUNTY: _____ 4a. LATITUDE _____ 4b. LONGITUDE _____

5a. PHYSICAL ADDRESS _____

5b. MAILING ADDRESS _____

(IF DIFFERENT) _____

6. NAME OF APPLICANT: _____

8a. TELEPHONE: _____

8b. FAX NUMBER: _____

7. ADDRESS OF APPLICANT: _____

9. E-MAIL: _____

10. NAME OF OWNER/SPONSOR: (If other than applicant) _____

11a. TELEPHONE: _____

12. ADDRESS OF OWNER/SPONSOR: (If other than applicant) _____

11b. FAX NUMBER: _____

13. E-MAIL: _____

I, undersigned, being duly authorized to make application for, and to operate the airport described above, hereby apply for permission to operate the airport pursuant to the Aeronautical Laws of New Hampshire and the rules and regulations duly promulgated thereunder. I certify that the above statements are true.

14. _____

Signature of Owner/Sponsor

↓BOXED AREA NOT REQUIRED FOR UNATTENDED PRIVATE NON-COMMERCIAL AIRPORTS↓

15. Airport Manager: _____

16a. Telephone: _____

17. Mailing Address: _____

16b. Fax number _____

16c. Cell Phone # _____

18. Authorized Representative(s) _____

16d. E-MAIL Address: _____

16e. Website URL: _____

I hereby acknowledge acceptance of my appointment as Airport Manager and accept the responsibility of the duties of that position as prescribed by RSA 422:22.

19a. _____

Signature of Airport Manager

19b. _____

Date signed

Note: If manager changes during the registration year, this form MUST be updated and re-submitted!**20. Airport Information:**☐ Land Airport☐ State Airport☐ Sod Surface**Conditions**☐ Ice Airport☐ Municipal Airport☐ Gravel Surface☐ Water Airport☐ Private Commercial☐ Paved Surface☐ Heliport☐ Private Non-Commercial☐ Water☐ Other specialty types, please describe: _____

LONGEST RUNWAY OR AREA: _____

(length)

(width)

21. Airport Status:☐ Open to Public-No Limitations☐ Prior Permission Required (PPR)

If Open to Public, please include a schedule of attended hours: _____